Practitioner's Docket No. U 013543-1

**CHAPTER II** 

## IN THE UNITED STATES ELECTED OFFICE (EO/US)

PCT/GB00/00059 **12 JANUARY 2000** 13 JANUARY 1999 INTERNATIONAL APPLICATION NO. INTERNATIONAL FILING DATE PRIORITY DATE CLAIMED INSULATED FREIGHT CONTAINER AND A TOP RAIL THEREFOR TITLE OF INVENTION ANTHONY WILLIAM BRASSINGTON APPLICANT(S)

**Box PCT Assistant Commissioner for Patents** Washington, D.C. 20231 **ATTENTION: EO/US** 

## COMPLETION OF FILING REQUIREMENTS FOR INTERNATIONAL APPLICATION ENTERING U.S. NATIONAL STAGE IN U.S. ELECTED OFFICE (EO/US) UNDER 35 U.S.C. § 371

(check and complete the applicable item, if applicable)

[X]This replies to the Notice of Missing Requirements under 35 U.S.C. § 371 and 37 C.F.R. § 1.495 (FORM PCT/DO/EO/905).

A copy of FORM PCT/DO/EO/905 accompanies this response.

#### **CERTIFICATION UNDER 37 C.F.R. 1.10\***

(Express Mail label number is mandatory.) (Express Mail certification is optional.)

I hereby certify that this Completion of Filing Requirements and the papers indicated as being transmitted therewith are being deposited with the United States Postal Service on this date <u>September 28, 2001</u>, in an envelope as "Express Mail Post Office to Addressee," Mailing Label Number <u>EL728245254US</u>, addressed to the: Assistant Commissioner for Patents, Washington, D.C. 20231.

> **MARIA MELIAN** (type dr print name of person mailing paper) Signature of person mailing paper

**WARNING:** 

Certificate of mailing (first class) or facsimile transmission procedures of 37 C.F.R. 1.8 cannot be used

to obtain a date of mailing or transmission for this correspondence.

\*WARNING:

Each paper or fee filed by "Express Mail" must have the number of the "Express Mail" mailing label placed thereon prior to mailing. 37 C.F.R. 1.10(b).

"Since the filing of correspondence under  $\S$  1.10 without the Express Mail mailing label thereon is an oversight that can be avoided by the exercise of reasonable care, requests for waiver of this requirement will not be granted on petition." Notice of Oct. 24, 1996, 60 Fed. Reg. 56,439, at 56,442.

(Completion of Filing Requirements for International Application Entering U.S. Elected Office (EO/US) page 1 of 6) 13-19

**WARNING:** 

Where the items being submitted to complete the entry of the international application into the national phase are subsequent to 30 months from the priority date the application is still considered to be in the international state and if mailing procedures are utilized to obtain a date the express mail procedure of 37 C.F.R. § 1.10 must be used (because international application papers are not covered by an ordinary certificate of mailing. 37 C.F.R. § 108(2)(xi).

NOTE:

Documents and fees must be clearly identified as a submission to enter the national stage under 35 U.S.C. § 371. Otherwise, the submission will be considered as being made under 35 U.S.C. § 111. 37 C.F.R. § 1.495(g).

#### **DECLARATION OR OATH**

I. (a) [X] No original declaration or oath was filed. Enclosed is the original declaration or oath for this application.

#### OR

(b) [ ] The declaration or oath that was filed was determined to be defective. A new original oath or declaration is attached.

NOTE: For surcharge fee for filing declaration after filing date complete item IV(3)

NOTE:

Acceptable minimums in the declaration in an ordinarily filed U.S. application for identification of the specification to which it applies are the name of the inventor and (1) serial number, (2) attorney docket number that was on the application as filed and the filing date, (3) title of the invention and filing date, (4) title of invention and reference to a specification that is attached to the declaration at the time of execution and filed with the declaration, or (5) title of invention and a statement by a registered attorney that the application filed in the PTO is the application which the inventor executed by signing the declaration. If the identification (4) is used it must be accompanied by a statement that the "attached" specification is a copy of the specification and any amendments thereto that were filed in the PTO to obtain the filing date. Such a statement must be a verified statement if made by a person not registered to practice before the PTO. Notice of September 12, 1983 (1035 O.G. 3).

NOTE:

Another minimum found acceptable in the declaration is the filing date (i.e., date of express mail) and the express mail number, useful where the serial number is not yet known. But note the practice where the express mail deposit is a Saturday, Sunday or holiday within the District of Columbia. 37 C.F.R. § 1.10(c).

NOTE:

See 37 C.F.R. § 1.41(a).

#### (complete as applicable)

| Attacl | hed is a |                                                                                                                                                             |
|--------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (c)    | []       | Statement by a registered attorney that the application filed in the PTO is the application that the inventor executed by signing the declaration.          |
| (d)    | []       | Statement that the "attached" specification is a copy of the specification and any amendments thereto that were filed in the PTO to obtain the filing date. |
| (e)    | []       | Statement that substitute specification contains no new matter.                                                                                             |
| (f)    | []       | Preliminary Amendment                                                                                                                                       |
| (o)    | ſΊ       | Transmittal of Formal Drawing(s) Prior to Notice of Allowance                                                                                               |

# 101 Rec'arCT/PTO 28 SEP 2001

### **AMENDMENT**

09/889207

| 11.                |              | (complete as applicable)                                                                                                                                                                                                                             |                               |  |
|--------------------|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--|
|                    | []           | An amendment in accordance with 37 C.F.R. § 1.121 is attacted. The attached amendment cancels claims                                                                                                                                                 |                               |  |
|                    |              | TRANSMITTAL OF ENGLISH TRANSLATION<br>OF NON-ENGLISH LANGUAGE PAPERS                                                                                                                                                                                 | I                             |  |
| III.               | []           | Submitted herewith is an English translation of the non-English language internation application papers as originally filed. It is requested that this translation be used as the copy for examination purposes in the PTO. (See 37 C.F.R. 1.495(c)) |                               |  |
| NOTE:              |              | For fee for processing a non-English application, complete item IV(4).                                                                                                                                                                               |                               |  |
| NOTE:              |              | A non-English oath or declaration in the form provided or approved by th 37 C.F.R. § 1.69(b).                                                                                                                                                        | e PTO need not be translated. |  |
| IV.                |              | FEES                                                                                                                                                                                                                                                 |                               |  |
|                    | E: See 37    | C.F.R. § 1.28(a).                                                                                                                                                                                                                                    |                               |  |
| 1. Fees for claims |              |                                                                                                                                                                                                                                                      |                               |  |
| -                  | []           | each independent claim in excess of 3 (37 C.F.R. § 1.492(b))—\$80.00; small entity—\$40.00                                                                                                                                                           | \$                            |  |
|                    | [ ]          | each claim in excess of 20 (37 C.F.R. § 1.492(c))—\$18.00; small entity—\$9.00                                                                                                                                                                       | \$                            |  |
|                    | []           | multiple dependent claims(s) (37 C.F.R. § 1.492(d))—\$270.00; small entity—\$135.00                                                                                                                                                                  | \$                            |  |
| 2.                 | Surch<br>[X] | surcharge set forth in 37 C.F.R. § 1.492(e) for accepting the declaration later than 30 months after the priority date in filing an application in the U.S. as a designated office—\$130.00; small entity—\$65.00                                    | \$ <u>130.00</u>              |  |
| NOT                | Œ:           | The processing fee in the next item 3 below is not subject to a reduction for                                                                                                                                                                        | r small entity status.        |  |
| 3.                 | []           | processing fee set forth in 37 C.F.R. § 1.492(f) for acceptance of an English translation later than 30 months after the priority date—\$130.00                                                                                                      | \$                            |  |
|                    |              | Total Fees                                                                                                                                                                                                                                           | <b>\$_130.00</b>              |  |
|                    |              | AGH 00000028 09889207                                                                                                                                                                                                                                | ·                             |  |
| 01 FC:15           | 4            | 130.00 OP                                                                                                                                                                                                                                            |                               |  |

# **SMALL ENTITY STATUS**

| V.                   | []                                                | A statement that this filing is by a small entity                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                              |  |  |
|----------------------|---------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|--|--|
| NOTE:                |                                                   | See 37 C.F.R. § 1.28(a).                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                              |  |  |
|                      | []                                                | is attached.                                                                                                                      | mplete applicable items) uest accompanies this paper.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                              |  |  |
|                      |                                                   | EXTEN                                                                                                                             | SION OF TIME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                              |  |  |
|                      |                                                   | (complete (a)                                                                                                                     | or (b), as applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                              |  |  |
| <b>VI.</b><br>1.136( | The pro                                           |                                                                                                                                   | t application. Accordingly, the pr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ovisions of 37 C.F.R. §                                      |  |  |
|                      | (a)                                               | [ ] Applicant petitions for an extension of time, the fees for whic C.F.R. § 1.17(a)(1)-(4), for the total number of months check |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                              |  |  |
|                      |                                                   | Extension (months)                                                                                                                | Fee for other than small entity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Fee for small entity                                         |  |  |
|                      | [ ]<br>[ ]<br>[ ]<br>[ ]                          | one month<br>two months<br>three months<br>four months<br>five months                                                             | \$ 110.00<br>\$ 390.00<br>\$ 890.00<br>\$ 1,390.00<br>\$ 1,890.00<br>Fee: \$ _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | \$ 55.00<br>\$ 195.00<br>\$ 445.00<br>\$ 695.00<br>\$ 945.00 |  |  |
|                      | If an ac                                          | dditional extension of time is re-                                                                                                | quired, please consider this a pet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ition therefor.                                              |  |  |
|                      | (check and complete the next item, if applicable) |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                              |  |  |
|                      | []                                                |                                                                                                                                   | onths has already been secured. The from the total fee due for the total fee due fee d |                                                              |  |  |
|                      |                                                   | Extension fee due with this red                                                                                                   | quest \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                              |  |  |
|                      |                                                   |                                                                                                                                   | or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                              |  |  |
| (b)                  | [X]                                               | petition is being made to prov                                                                                                    | tension of term is required. How vide for the possibility that applition and fee for extension of time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | icant has inadvertently                                      |  |  |
|                      |                                                   |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ·                                                            |  |  |

# TOTAL FEE DUE

| VII.     |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
|----------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
|          | The tot           | tal fee due is:  Completion fee(s) \$130.00  Extension fee (if any) \$  TOTAL FEE DUE \$130.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
|          | PAYMENT OF FEES   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
| VIII.    | [X]<br>[ ]<br>[ ] | Enclosed is a check in the amount of \$ 130.00  Charge Account No in the amount of \$  A duplicate of this request is attached.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
| NOTE:    |                   | Fees should be itemized in such a manner that it is clear for which purpose the fees are paid. 37 C.F.R. § 1.22(b).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |
|          |                   | AUTHORIZATION TO CHARGE ADDITIONAL FEES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |
| IX.      |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
| WARNING: |                   | Accurately count claims, especially multiple dependent claims, to avoid unexpected high charges if extra claims are authorized.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
| NOTE:    |                   | "A written request may be submitted in an application that is an authorization to treat any concurrent or future reply, requiring a petition for an extension of time under this paragraph for its timely submission, as incorporating a petition for extension of time for the appropriate length of time. An authorization to charge all required fees, fees under § 1.17, or all required extension of time fees will be treated as a constructive petition for an extension of time under this paragraph for its timely submission. Submission of the fee set forth in § 1.17(a) will also be treated as a constructive petition for an extension of time in any concurrent reply requiring a petition for an extension of time under this paragraph for its timely submission." 37 C.F.R. § 1.136(a)(3). |  |  |  |
| NOTE:    |                   | "Amounts of twenty-five dollars or less will not be returned unless specifically requested within a reasonable time, nor will the payer be notified of such amounts; amounts over twenty-five dollars may be returned by check or, if requested, by credit to a deposit account." 37 C.F.R. § 1.26(a).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |
|          | [X]               | The Commissioner is hereby authorized to charge the following additional fees that may be required by this paper and during the entire pendency of this application to Account No. 12-0425                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |
|          |                   | [X] 37 C.F.R. § 1.492(a)(1), 1.492(a)(4) (filing fees)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |
|          |                   | [ ] 37 C.F.R. § 1.492(b), (c), and (d) (presentation of extra claims)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |
| NOTE:    |                   | Because additional fees for excess or multiple dependent claims not paid on filing or on later presentation must only be paid or these claims cancelled by amendment prior to the expiration of the time period set for response by the PTO in any notice of fee deficiency (37 C.F.R. § 1.16(d)), it might be best not to authorize                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |

the PTO to charge additional claim fees, except possibly when dealing with amendments after final action.

[X] 37 C.F.R. § 1.17 (application processing fees)

[X] 37 C.F.R.  $\S$  1.17(a)(1)-(5)(extension fees pursuant to  $\S$  1.136(a)).

[X] 37 C.F.R. § 1.18 (issue fee at or before mailing of Notice of Allowance, pursuant to 37 C.F.R. § 1.311(b)).

NOTE:

Where an authorization to charge the issue fee to a deposit account has been filed before the mailing of a Notice of Allowance, the issue fee will be automatically charged to the deposit account at the time of mailing the notice of allowance. 37 C.F.R. § 1.311(b).

NOTE:

37 C.F.R. § 1.28(b) requires "Notification of any change in loss of entitlement to small entity status must be filed in the application . . . prior to paying, or at the time of paying . . . issue fee." From the wording of 37 C.F.R. § 1.28(b): (a) notification of change of status must be made even if the fee is paid as "other than a small entity" and (b) no notification is required if the change is to another small entity.

[ ] 37 C.F.R. § 1.492(e) and/or (f) surcharge fees for filing the declaration and/or an English translation of an international application later than 30 months from the earliest-claimed priority date.

**WARNING:** 

It would be wise to always check this last authorization.

SIGNATURE OF PRACTITIONER

Reg. No.: 20302

JULIAN H. COHEN

Tel. No.: (212) 708-1887

(type or print name of practitioner)

Customer No.: 00140

P.O. Address

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